

THE MEDICAL AND SURGICAL REPORTER.

No. 845.]

PHILADELPHIA, MAY 10, 1873. [VOL. XXVIII.—No. 19.

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

SOME PRACTICAL RESULTS, ETC., IN SCARLATINA.

BY S. M. SNYDER, M.D.,
Of Danville, Pa.

In the following dissertation it is not intended to enter into the pathology, diagnosis, prognosis, etc., of the disease, but to allude briefly to its treatment; not so much from historical or theoretical stand-points, as from practical results. This it is which concerns the physician the most, viz., to be able to do his patients the most good, or in other words, to be successful. For this purpose the author of this paper is laboring, and will, with all other physicians, hail with gladness any treatment that will arrest the fearful mortality which annually results from this disease.

Some months ago there appeared in the MEDICAL AND SURGICAL REPORTER a series of articles, written by Dr. Corson, of Conshohocken, Pa., reviewing and condemning all methods of treatment practiced by other physicians, excepting one, viz., by ice and cold water. To substantiate his position I can find but two or three cases to which he refers or alludes with anything like detail, and says all the rest, as well as these, got well. Can it be possible that a man can practice medicine twenty-six years and be so fortunate as to have no deaths from scarlatina? In his reviewing the reports of other physicians, he condemns them for their want of detail of symptoms, etc., but does not himself do that for which he censures others.

To vindicate the right of all, to elicit truth and oppose so uncatholic a spirit, I took sides with the defensive, not with personal ill-will, but for the good of the profession and the public. To this end I reported, through the columns of the MEDICAL AND SURGICAL REPORTER, two hundred and forty cases, not all in detail, with thirty deaths; the causes of death being stated as well as the treatment employed. Among the number of deaths there were three which were treated by ice and cold water; but to two of these he takes exception, and says "probably they died from some acrid poison," as they died so soon after taking sick; the third he says nothing about. Not being satisfied with this result, as there was exception to it, I determined to make further tests, and accordingly I used it with other treatment, a thing I ought not to have done, as it is thereby not clear which did the good or evil, the water and ice or the treatment, in the following cases, excepting two.

Case 1.—November 12, 1871. Called to see the child of J. E., a little rosy-cheeked and always healthy child of four years; sick since the morning of the 11th; taken with a chill and has had fever ever since; vomiting; bowels opened; tongue moist and covered with a yellowish and white fur, through which the papilla are seen; thirsty; pulse 156; skin covered with a scarlatinous eruption; throat red; tonsils somewhat swollen, no exudation or ulceration; eyes red, but no coughing or sneezing. Treatment:—Ordered ice to be kept constantly at the neck, according to Dr. Corson's directions; allowed the child to drink as much cold water as it desired, and also ice in the mouth. If the

fever continued, or should become high, the wet sheet [pack or cold sponging to be resorted to. A teaspoonful every three hours of the following was ordered:—

R. Sol. potass. chlor.,	℥ij.	
Tr. belladonnæ,	gtt. x.	
Syr. simp.,	℥ij. vj.	M.

13th. Afternoon. Fever not so high; throat about the same; the ice not continued the whole time since yesterday; no application of cold water, as there was thought to be no need for it. Gave the same directions as I had the day before.

14th. Better; the ice not used very much, and the sponging not at all.

15th. Doing well; discontinued visits, requesting to be sent for if needed. The case convalesced without any difficulty.

Remarks.—If this case had been treated strictly to the letter, according to the cold water plan, I would have been under obligation to give it very great credit for doing such wonderful things, but as the parents were somewhat suspicious of it, thinking it dangerous, and accordingly carried out the directions partially or imperfectly, I am, therefore, unwilling to give it the credit of the cure.

Case 2.—November 18, 1871. Sent for to visit the child of Mrs. P. This child, four years old, had been brought to my office one week previous for vaccination. The mother, thinking the child very sick, and not knowing whether it was the result of the vaccination, sent for me. When I first saw the child, even without asking any questions, I told her it was not the effect of the vaccination. I could easily detect the throat as the seat of ailment, from the manner of its breathing, swallowing and speaking. I asked for a spoon and examined its throat. It was, indeed, a bad looking throat; both tonsils very greatly swollen, nearly meeting, covered with a grayish coating, exudation or ulceration, and very offensive. I asked the mother how long she had noticed anything wrong about him, and she replied about two days. I found the tongue coated, yellowish, moist, and when protruded, drawn to one side. Had been vomiting and bowels not opened; skin of a dusky redness; external glands, beneath and back of angle of jaw on left side, very much enlarged; pulse 172, but not feeble; temperature slightly exalted; no headache or delirium, but perfectly sensible, which he always remained. The vaccine vesicles or pustules

perfect. I diagnosed the case as scarlatina anginosa, associated with the vaccination, and to myself thought it a very bad case. I ordered ice to angle of jaws, over the swollen glands, to be kept on constantly; cold water and ice internally, as much as the child desired, and cold sponging if he became very feverish. I also ordered the following:—

R. Sol. potass. chlor.,	℥ij.	
Tr. belladonnæ,	gtt. xx.	
Syr. simp.,	℥ij. vj.	M.

S. A tablespoonful every three hours.

19th. Seems better; pulse 146; tongue same; no vomiting; bowels opened; patches on tonsils disposed to peel off or slough; slept some. Continued the same treatment.

20th. Eruption of scarlatina came out more distinctly last night; seems about same as yesterday; pulse 150. Ice was not used for about two hours to-day, as it ran out, and no medicine since in the night. Ordered the treatment to be continued.

21st. Child seems to be doing well; tongue moist and cleaning; external glands not quite so much swollen; the tonsils not so much enlarged, although entirely covered with a dirty grayish-looking substance resembling the appearance which a chronic ulcer presents; not so much fever; bowels opened; took some light nourishment. Continued same treatment.

22d. Restless; did not sleep very well last night; some fever; pulse 116; tongue about same as yesterday; swelling of tonsils not so great, covered with the deposit or exudation above alluded to; no part of healthy tonsil to be seen; external glands about same; eruption not much to be seen; bowels not opened since yesterday. Continued same treatment.

23d. Pulse about 140, and weak; very restless last night; bowels opened; tongue moist and cleaning, and still drawn to one side; tonsils look smaller, but covered with a dirty looking matter. Ordered the treatment to be continued, and to get the child to take as much nourishment as possible.

24th. Died about 5 A. M., about one week from the time when the child was first noticed to be ill, and nearly six days after the commencement of treatment.

Remarks.—When I first saw this case I regarded it, at the time, as a test case, as the tonsils, as well as some of the surrounding parts, were very greatly swollen and involved with the disease; and also because the external glands were considerably en-

larged, the tongue drawn to one side and the pulse so frequent. On the morning of the second day, when I visited the child, my faith in the means employed was considerably increased, because the tonsils were very much less than they were at my first visit; and also because the child seemed to rest very good during the first night of its application, and the fever cooled down considerably. The fever abated for two or three days, but partially returned a day or two before he died. After the application of the ice to the neck the fever thereafter seemed so inconsiderable it was thought not to require the cold sponging, which therefore was never used. The tonsils never became healthy, but were coated, although very much smaller, up to the last time I saw him, which was the evening before he died. Whether they became smaller from the effect of the ice or ulcerative action I am unable to say, but am inclined to think from the latter, as I have seen the same process when there had been no ice used. How the child died I am unable to say, but think from exhaustion, as I did not see the child die, nor did I learn from its mother, as I have not talked with her on the subject since, although I have understood from outside parties that if I had not used the ice her child might be living yet. Whether the vaccination had any effect in the result I am unable to say. The vesicles looked perfect, ran their usual course, and were about ready to be taken off the day before he died. There is one thing certain in this case, whether he died from scarlatina or scarlatina and the vaccination combined, the ice did not save him, although faithfully used, excepting two hours, for nearly six days before he died.

Case 3.—C. E. called at my office on the evening of December 15th, 1871, to consult me in regard to his child. From the description I supposed it to be a case of scarlatina; and from the history I thought it was not very bad; and as he lived three miles in the country I did not go to see it, but sent sol. potass. chlor., of which I directed him to give the child $\frac{1}{4}$ teaspoonful every three hours. On the 16th I visited it and found it in the following condition:—Sore throat, the right tonsil being somewhat swollen and with an ulcerated spot about the size of a half pea; did not complain of throat, however, and was not noticed by the parents; brownish coat on tongue; very little fever;

had been vomiting some; pulse from 120 to 130. Treatment:—Ordered the chlorate of potassa to be continued; ice to the throat on the affected side in a bladder; and if the child should become feverish to be sponged with cold water.

17th. About same; ice has been kept to the throat; no sponging, as it was not very feverish, and did not take ice internally, as the child did not like it.

18th. Pulse 116; tongue moist and coated yellowish in the middle; tonsil on right side entirely involved and ulcerating; bowels opened; rested middling during part of the night, but part of it was quite feverish. This morning, heat of skin about natural; no desire for food; somewhat thirsty; playful. Was sponged several times during the night, which had the effect of cooling down the temperature and quieting him. Ice has been kept on constantly. Ordered the treatment to be continued.

19th. Rested better last night. Very little fever, consequently no sponging; throat about same. Ordered the treatment to be continued.

21st. Discontinued treatment; apparently convalescing.

Remarks.—In this case there was no eruption, but I think it was of the nature of scarlatina, for it was in several neighboring families, and also because scarlatina was prevalent, although apparently not epidemic. It was, of course, a mild case, and probably would have got well without any treatment.

Case 4.—On the same day that I first saw the above case, I was sent for to come and see a child of D. H., living about two miles from town, and in an opposite direction, making a distance of about five miles between these two patients. This was a little boy of about four years old, who had been sick since the day before. Since the commencement of the illness, has had high fever, been vomiting, has swollen tonsils, no ulceration, restless, no eruption. Ordered the same treatment as for the one above.

17th. Rested middling last night; no vomiting since yesterday; was sponged several times during the night, which had the effect of cooling down the fever. Ice has been kept to the throat constantly. Ordered treatment to be continued.

18th. No better; pulse 148; skin like a piece of red flannel on account of eruption of scarlatina; tonsils same, if not more

swollen, as well as the whole throat as far as the eye could see; no vomiting; bowels open this morning; was somewhat restless fore part of last night; does not complain of throat, or, indeed, of anything, although it is so much swollen and inflamed; no deposits or ulcerations yet to be seen, although there are several spots which look like commencing. Was sponged several times during the night with ice water, which, the nurse states, had the effect of cooling down the fever. The ice had been kept on, with but little intermission, since my last visit. Ordered it to be kept on constantly without any intermission. At this visit I sponged the child several times myself, until it cooled the surface, thereby showing the nurse how it was to be done, and also how often. Recommended ice and ice cream to be eaten freely.

19th. The fever seems not so high; throat apparently not so much swollen; eruption still out; tongue disposed to clean and red at edges and tip; bowels opened; slept some during night and day. The treatment has been faithfully carried out, having been sponged several times since my last visit, the ice kept on constantly, and the medicine given. Ordered the same to be continued.

20th. Pulse 104; tongue clean; throat about same as yesterday; eruption fading; bowels opened; has more desire for food; has complained several times during the night of being cold, and desired more bed clothing to be thrown over him. The ice has been kept off for about six hours, as it made him feel chilly and uncomfortable. He threw it off himself, and said he could not sleep on account of it. Replaced the ice and ordered it to be continued until I countermanded it. No change in the treatment.

21st. Improving; less fever; pulse 108; tongue clean; eruption faded; tonsils still swollen; seems cheerful; wants food, and sleeps well. Continued the ice to the throat.

22d. Doing well; slept very well last night; tongue slightly coated again; pulse 104; eruption gone; tonsils still swollen, but apparently not so much as the day before. Ordered the ice to be kept on. Medicine has been suspended since day before yesterday; bowels opened every day.

23d. Convalescing.

January 3d, 1872. Called to see this child and found it suffering severely in the following manner: Great pain in wrists, knees and legs; also in side, with hacking cough;

tongue moist and red; no trouble in the throat; pulse 150; respirations 50. Diagnosed rheumatism, with pleurisy; for which I prescribed liquid prophylamin, in large doses. This gave satisfactory results, as the child convalesced in a few days, and finally made a good recovery.

Remarks.—This was quite a severe case, and was markedly benefited by the cold water in allaying the fever. One remarkable and noticeable feature of the patient during the attack of scarlatina was the absence of pain, even from the beginning; nothing hurt him, and everything was right. It is also a question what produced the subsequent attack of rheumatism. Was it from the ice and cold water, or was it from some unaccountable and unexplainable cause? It is to be observed, however, that while the ice and cold water were being used he complained of feeling cold and chilly. This is the only case I ever treated that acted thus, although I have seen several cases which have been unable to walk from soreness and weakness of the muscles and stiffness of the joints.

Case 5.—Sent for on January 6, 1872, to see the children of C. P. Found four of them sick with sore throat and other symptoms of scarlatina. For three of them, at the time of my first visit, I did nothing, as they seemed to me to require no treatment; but for the eldest, which was about nine years old, I gave sol. potassa chloras internally, and applied ice externally to the throat, of which he complained considerably. On the 7th I visited them, and the one to whom I had directed the remedies seemed so much better that all further treatment was discontinued. He, as well as the parents, thought the ice was "just the thing," as he had gotten so much better, and that so soon.

Case 6.—This case was the youngest (about sixteen months old) of the four children above mentioned. It was taken sick about the same time (on the 4th), but did not appear to be very ill, for at times it would play and laugh, and at others seemed drowsy and fretful. No medicine was given until the 7th, when small doses of sol. chlor. potass. were ordered. An eruption of scarlatina came out very sparingly on the 6th. On the 7th it was out more distinctly, but never very marked. On the 7th I have the following notes: About the same as yesterday (which I have already intimated did not attract my attention very much, as I thought it not

very sick); pulse about 150; tongue moist; throat about same; no ulceration, and no tumefaction. Directed cold water and ice to be given to the child, as much as it wanted. No sponging, as the skin was very little, if any, above the natural temperature. No ice to throat, as it did not appear to demand it; continued chlor. potass.

8th. Seems about same; eruption faintly out; has been very little ice or cold water taken, as the child did not like it, being at the breast and receiving all the drink it needed, and was satisfied by nursing. The sol. potass. chlor. was continued.

9th. Seems every way about the same, excepting the throat, the tonsils having small points of ulceration, but no enlargement; neither are the external glands affected; there is also but very little fever, the skin occasionally becoming covered with perspiration. Ordered ice to be kept to the throat constantly, a dose of castor oil, as the bowels had not been opened for two days, and the chlor. potass. continued.

10th. About the same every way, excepting the throat, over which the process of ulceration is extending; pulse 150; tongue moist; oil has not operated. Ordered more oil to be given, after which, when it has operated, tr. ferri chloridi, in 3 drops doses, every 3 hours. Ordered the ice continued.

11th. Oil operated about midnight last night, after three doses had been given; tongue moist and slightly inflamed or red; throat entirely coated over with a dirty greyish matter; pulse from 144 to 150; no delirium; no fever; no tumefaction of throat internally, but slight tumefaction on left side, below and posterior to angle of jaw, over which ice has been kept constantly. Ice has also been kept on the other side of the throat. This visit was made about 8 o'clock in the morning. In the afternoon, about four o'clock, consulted with Drs. Pursell and Thompson. To me the child seemed about same as in the morning. After an examination and a review of the case, we ordered the same treatment to be continued.

12th. About three o'clock this morning the father came to my house, and said he thought "the child could not live till daylight if it did not get something to relieve it, for he thought it would choke to death." I directed him to give it $\frac{1}{4}$ of a teaspoonful of syr. of ipecac. every half hour until it produced vomiting. Four doses were given, and not producing the desired effect, was

discontinued. When I saw it in the morning, about 8 o'clock, it had a pulse from 160 to 170; throat about the same in appearance, as regards the character of the ulceration and discharges, but looks more swollen and further extended in the direction of the posterior nares and larynx, as the nostrils have been discharging muco-purulent matter since in the night, and also when water is forced down (for it was put down with force, as the child would not take it) it returns through the nose, and also when it cries, it is with hoarseness. The mind still remains clear; the bowels not opened since midnight of the 10th. The treatment has been strictly carried out, the ice being kept on constantly. The throat, for the last two days, has been frequently swabbed out with ice-cold water, and ice and ice cream given, as much as could be, although that was not very much, as the child would push out almost everything put into its mouth with its tongue, or pick it out with the fingers. I ordered the treatment to be continued. Saw the child in the afternoon, and found the pulse very frequent, feeble and irregular; skin cold and covered with perspiration; sensible, and no convulsions. I swabbed out the throat with water, after which it seemed to breathe easier. Under the circumstances, I told the parents I had but very little encouragement to offer, but requested them to keep the ice on. Child died in the early part of the evening.

I have no remarks on this case, as it stands for itself, and makes its own comments. The other two children, which received no treatment, got along quite satisfactory, and in due time, without any sequelæ, were as well as ever. Of course, these two cases are not taken into this report, but are only here alluded to to illustrate that cases often get well in the same family without any treatment, while others, treated according to the best known or best thought-of plans of treatment, die.

Case 7.—Sent for, January 15th, 1872, to see the child of J. F., one mile out of town, in a different direction from either of the above cases. This was a little girl of nine years, and had been sick since the 11th. I learned that she was taken sick somewhat similar to cases of scarlatina, and the eruption appeared on the 13th. To-day she has a burning fever, an intensely red skin from the eruption of scarlatina; the throat not much affected, although red and inflamed,

but no ulceration in the parts. I asked for a basin of cold water and gave the child a washing all over the whole body with the effect of cooling down the temperature. This I ordered to be done as often as the heat of the body required it. Internally I ordered one-half teaspoonful of sol. potass. chlor. every three hours.

16th. Pulse 150 to 160; eruption still out, very profuse, and of a deep scarlet color, verging on to a purplish hue; throat to-day presents a small ulceration in posterior part of pharynx. Has been sponged several times, which always reduces the heat of skin, and is called for by patient; has also eaten freely of ice. Ordered the treatment to be continued and ice to the throat in addition.

17th. Eruption disappearing; tongue red, but moist; legs and feet purplish; throat about the same; bowels opened last night; complains a great deal of head and throat; pulse 140 to 150. The treatment has been followed out according to directions; the cold washing being called for by patient whenever the heat would get too high or uncomfortable; the ice has also been kept steadily on, excepting about half an hour, as the patient complained of its paining. The treatment was continued.

18th. Eruption gone; throat looks better, and very little fever. Continued treatment.

19th. Discharged patient apparently convalescing.

February 3d. Called again to see this child and found her suffering with general dropsy and an affection of the chest. These continued with vomiting and diarrhoea for over three months, from which she ultimately became exhausted and died.

Remarks.—The above case, like many other cases, terminated, not directly from scarlatina, but from its sequelæ, which in this case seems to have been brought about by the patient, nearly ten days after convalescence had been established, going to a neighbor's, a distance of about two hundred feet, one cold blustery day. It also demonstrates that the cold plan of treatment is no more of a preventive from these after results than other plans. The employment of cold water, however, gave great comfort and was beneficial in producing sleep and quieting restlessness.

Case 8.—October 13th, 1872. On the 10th I saw this child, six years old, the daughter of J. F., as I stopped to see a younger one of the same family which was suffering, as

I judged from the symptoms, with catarrh fever. The mother called my attention to her, and said she was not well. I asked a few questions and told the mother to give this one some of the same medicine that I had ordered for the younger, but in larger doses. The medicine that I had ordered was Dover's powder and nitrate of potassa. In the early part of the evening of the 12th the father came to my office and said the child was no better. Thinking the child was not very sick, and being like the other one, which was better at this time, I ordered some more of the same medicine but did not go to see it. On the morning of the 13th, being sent for, I visited the child and found it in the following condition:—A very offensive odor emanating from the mouth and nose; high fever; pulse 120, and quite weak; swollen tonsils, with deposits like that of diphtheria or scarlatina; no vomiting; general eruption on the skin like that produced by the internal administration of belladonna; a troublesome itching like that of scarlatina; tongue moist and slightly coated yellowish; bowels opened; eyes bright and free from wateryness; intellect clear and no headache. Ordered ice to the throat, as much ice as the child wanted to eat, and the following:—

R. Sol. potass. chlor.,	fʒij.
Ext. belladonnæ fld.,	gtt. ij.
Spts. ether. nit.,	fʒij.
Muc. tragacanth,	fʒvi. M.

S. A tablespoonful every three hours.
And to swab the throat, the following:—

R. Tannin,	ʒss.
Carbolic acid,	gtt. x.
Sol. potass. chlor.	
Glycerine,	aa fʒss. M.

14th. Seems better; no eruption; not quite so much deposit on the tonsils and uvula. On this day a younger child, about four years old, has some symptoms of the disease, there being small grayish spots on both tonsils, but no eruption. Ordered the same treatment for it.

15th. About same. The youngest child would not have the ice on, but would constantly throw it off. The treatment continued to the oldest as first commenced, ice to throat, eating it, throat swabbed and medicine given internally. The younger was treated only with the application to throat internally and medicine.

16th. Both seemed to be getting along well. The oldest one's throat still coated,

but improving; the youngest one's throat clean. Discontinued visits, requesting to be sent for if necessary.

19th. Sent for about 5 A. M., being requested to come and see the little boy 4 years old, reported as having the croup since the day before in the afternoon. Did not go, but ordered a teaspoonful of syrup of ipecac. every half hour until it produced vomiting, promising to come and see him as soon as I could. Saw him about 8 o'clock A. M. One ounce of ipecac. having been given with but very little vomiting, it was discontinued. The symptoms and condition at this time were the following: Pulse from 130 to 150; tongue lightly coated; temperature of skin about natural; bowels opened by the ipecac.; sensible; great restlessness; difficult and labored respiration, like that in the last stage of croup, but the throat as far as the eye could see was free from any exudation or ulceration. From these symptoms, the action and appearance of the patient, I gave an unfavorable prognosis. I ordered, however, the following:—

R. Ammon. mur., ℥j.
Ext. belladonnæ, fld., gtt.ij.
Tr. verat. virid., gtt.ij.
Syr. simp., f.℥ss. M.
Aquæ, aa f.℥ss. M.

S. A teaspoonful every three hours, and ice to the neck. This was retained in position with force, as the child would constantly throw it off, if allowed, and was not watched. I also directed the attendants to feed or give the child all the ice it would eat.

7 P. M. About the same. I ordered a teaspoonful of the following to be alternated with the above every four hours:—

R. Sulphite sodæ, ℥ss.
Vin. opii, gtt.ij.
Aquæ menth. pip., f.℥j. M.

And the ice to be continued. Died about 5 A. M., on the 20th, about 36 hours after the disease was first noticed, and nearly 24 hours after the commencement of the treatment.

Case 9.—Another, and youngest child, about 21 months old, was taken last night, or on October 20th, the night in which the little boy died. Throat similar to the oldest, but not so bad; pulse 150; not much heat of skin, and no eruption. Ordered the same treatment for it as was used for oldest, diminishing the dose to suit the age of the patient, ice to the throat and cold sponging if necessary.

21st. Seems better. Continued treatment.

22d. Seems better, although somewhat restless during the night; tonsils clean. Ordered the treatment to be continued another twenty-four hours.

23d. Does not seem so well to-day; considerable fever during last night; throat free from any morbid action; nose discharging mucus from the apparent invasion of the disease into those parts. Discontinued the ice to the throat and ordered it applied to the nose, and prescribed the following:

R. Sol. potass. chlor., f.℥ij.
Spt. ether. nit., f.℥ij.
Syr. simp., f.℥j. M.

S. Half teaspoonful every three hours.

24th. Child sleeping when I entered the house; seems to be doing well; pulse about 100. Would not tolerate the ice to the nose. Ordered the medicine to be given every four or five hours.

25th. Seems to be doing well; somewhat feverish; slept middling well last night; tongue clean; apparently convalescing. Discontinued visits, requesting to be sent for if needed.

Remarks.—These last two cases, which, in fact, embrace three cases, occurred in the same family. They did not all occur at the same time, but occupied about one week from the time when the first one was taken sick to the commencing of the last one; only one had an eruption, but the other two had as well marked symptoms of the disease as could be presented without the eruption. These were the first cases that I had seen or knew of for several months, and I was at a loss to put them where they rightly belonged. I believed at the time, and still do, that they were of the nature of scarlatina or diphtheria. Here the question might be asked, although I do not wish to discuss it now, "Are not diphtheria and scarlatina one and the same disease?" Whether these cases were the starting point, or a simultaneous occurrence of the disease with others, I know not, but they were the first I had seen for several months, and occurred in a neighborhood where, at the same time, or very shortly after, several other cases were found. Three of these, with three others which occurred in different parts of the town, and one in the country, I will detail, and then make some general remarks in conclusion. I may remark, in this connection, that the little boy above reported is supposed to have contracted the croup, from which he died,

by persistently standing at an open door, or by lying uncovered at night after having kicked the covering off; a very common source of the disease.

Case 10. While I was yet attending the last child above reported, October 24, 1872, I was sent for at the same time to come to two families, one about one hundred feet, and the other a square from the family which had the three children sick. The one which lived the farthest off I visited first, as the mother was in labor, for whom I was also sent. This child was four years old, and sick since the day before, since when nothing had been done for it. It had had high fever during the greater part of the night and part of to-day; the fever being not constantly the same, but higher at times; pulse from 140 to 150; tongue slightly coated; both tonsils affected, but not swollen, simply coated over with dirty grayish matter; complaints of nothing excepting the head, not even of the throat; no eruption. For swabbing out the throat I ordered the following:

R.	Tannin,	℥ss.
	Sol. potass. chlor.,	f.℥ss.
	Carbolic acid,	gtt.xx.
	Glycerine,	f.℥ss. M.

S. Use as directed.

For internal administration, the following:—

R.	Spt. ether. nit.,	f.℥ij.
	Ext. belladon., fld.,	gtt.ij.
	Muc. tragacanth,	f.℥ij. M.

S. A teaspoonful every three hours.

No other treatment, excepting if the headache continued, to apply a towel frequently wrung out of cold water, and give as much cold water as it wanted to drink.

25th. Not so high fever as yesterday; throat about the same; pulse 120; no eruption. Continued treatment.

26th. Seems bright; throat clean; pulse about natural; tongue clean; desires food, which has been milk, bread and milk, cracker or coffee soup, that is, bread or crackers in coffee. Discontinued treatment.

Remarks.—This was the only child, in a family of five children, that was affected by the disease. The mother, being in the same room, was not affected, but made a good getting up. No ice was used, although its throat looked fully as bad, if not worse than the one for which I was sent at the same time, which I will now relate.

Case 11. This was a little girl of four years, who was taken sick on the 23d of October,

1872. On the 24th I found her pretty much like the last one detailed, excepting the throat. This was affected *only in one tonsil*, but was tumefied and looked angrily. She also seemed more bright and playful. I ordered nearly the same treatment for it that was employed in the case of the three children, viz: ice to the throat, chlorate of potassa, belladonna and spirits of nitric ether internally; no swabbing the throat, but gargling it with ice-water; ice cream and ice to eat; and cold sponging for fever.

25th. Throat about the same; pulse 120; very hot and restless during part of the night; was sponged or washed with cold water several times during the night, with good effect in producing quiet and sleep; ice has been kept on constantly. Continued treatment.

26th. Not so well; pulse more frequent, being from 140 to 150; several times the fever became very high; tongue furred yellowish white; tonsil on left side better but still ulcerated; the right tonsil invaded by the disease, and for the first time the child complains of it. Ice has been kept on constantly, day and night, on the left side. Ordered it to be put on the right side, and the other treatment continued.

27th. Less fever to-day; pulse 120; tongue still coated; did not rest very well last night on account of fever; right tonsil pretty well invaded with the disease; left one about the same as yesterday; no appetite; bowels opened three or four times in the last twenty-four hours. Treatment faithfully followed. Ordered it to be continued.

28th. Rested better last night; less fever; pulse 120; throat looks better; and appetite improving. Continued treatment.

29th. Seems convalescing; throat nearly free from disease; in every way seems to be doing well. Quit visiting the case.

Remarks.—There were two children in this family, and only one took the disease. Nothing was used to swab the throat, and the ice was faithfully and constantly used, yet under its use the disease appeared to have its own course; for it not only affected one tonsil—the position when first seen—but traveled or appeared on the other while being used. The child that was taken sick the same time this one was, and had both tonsils affected at the outset of the disease, and which had no ice applied to it or cold sponging, but had the throat washed out, made the quickest recovery. Both got well

under different plans of treatment, and perhaps if the plans had been reversed, the same results might have been equally satisfactory.

Case 12. October 31, 1872. Went to see a little girl of C. M., 4 years old, taken sick on the 30th, since which time she has had very high fever. An examination of the throat revealed both tonsils covered with a grayish-yellow coating of matter, and very much swollen; tongue coated with a yellowish-white fur; pulse 130; had been vomiting; no eruption. I washed the child all over with cold water, and ordered it to be done as often as the temperature required it; gave the child as much ice as it wanted to eat, and applied it to the neck. Ordered it to have a teaspoonful every three hours of the following:—

R. Spt. ether. nit.,	f3jss.
Ext. belladonna, fld.	gtt. ij.
Syr. simp.,	f3vj. M.

November 1st. Seems better; less fever; pulse 120 to 130; throat about the same; directions faithfully carried out. Ordered the same to be continued.

3d. Apparently convalescing. Discontinued treatment.

Remarks.—At first I thought this was quite a bad case, but I must have been mistaken in regard to its gravity. It certainly ran a very short course, only being visited three times, and extending only over a period of about five days. It could hardly have been due to the cold plan of treatment, for I have seen similar cases, before I knew anything about it, get well as soon when no ice or cold water were used; but not only so; why, if it was that which produced such results, not produce the same in other cases when used equally as faithfully and also much longer.

Case 13.—This case I intended to report in the place of case 12, as it occurred previous to that one, but through mistake I overlooked it. I will relate it more from memory than from notes, as I took none while visiting it. I am also willing that it be added to the list, as it was treated *only* with the ice. It was a little girl nearly four years old; was next door to the family in which the three children were sick; had the same kind of throat, and ran about the same course, and got well. Nothing but ice was used, and that for about three days. It was not a very severe case, and might have got well without anything.

Case 14.—This case, a little girl, seven years old, was shown to me on the street, November 1st, 1872, being somewhat ill since the day before. I requested the parents to keep her in the house, give her nothing, and send for me if found necessary. Sent for November 2d, when I found the following symptoms and condition: Sore throat; grayish white patches on tonsils; pulse 150; slight eruption on skin; vomiting; tongue furred, yellowish white. Ordered nothing but ice to the neck and cold sponging.

November 3d. Seems about the same; slight delirium during the night; pulse 150; tongue coated, brownish, and not very moist; throat about same in appearance, but offensive; eruption out very full. Cold sponging frequently used; the ice has not been so constantly kept on as directed, but as much ice eaten as the child could be prevailed on to take. Ordered the same treatment to be continued; the throat to be swabbed out with the following:—

R. Tannin,	℥ss.
Carbolic acid,	gtt. x.
Sol. potass. chlor.,	f3j. M.

And a teaspoonful every three hours of the following:—

R. Sol. potass. chlor.,	f3ij.
Ext. belladonna, fld.,	gtt. ij.
Spt. ether nit.,	f3jss.
Syr. simp.,	f3vj. M.

4th. Symptoms nearly same; pulse 150; tongue brownish, slightly dry and cracked; very little sordes on teeth, gums and lips; throat pretty thoroughly coated; tonsils swollen and ulcerated; complains of no pain in swallowing; external glands not affected; slight headache and last night mild delirium at times; bowels opened last night without aperient medicine; skin very red and covered thickly with the eruption; circulation feeble, as indicated by pressure of finger on the skin; thirst moderate; has taken but little nourishment for the last two or three days, excepting cold water, which has been allowed in quantities as much as the patient desired; no "warm teas" or "speck to the throat" has been allowed (and let me here say I *never* did advise these to be used in any case); and temperature of room moderate. Ice has been constantly kept on; cold sponging frequently used; throat was not swabbed, as the attendants could not do it; medicine given according to directions. This day I swabbed out the throat myself, after which the patient seemed to feel better

in the parts; at all events it ought to, as by that process large quantities of matter were got out. The treatment was ordered to be continued.

5th. Rested better last night; tongue clean, red and moist; tonsils not so much swollen, but otherwise about the same; pulse 140, and a little stronger; skin still covered with the eruption; complains of earache, and at times of feeling cold, and wants more covering on; the treatment has been carried out to the letter, and the child prevailed on to take some nourishment in the form of broths, milk and ice cream, although she would not take much of the latter, as she did not like it. Directed the treatment to be continued.

6th. Eruption disappearing; less heat of skin; tongue clean, but red and tender; throat still bad, both tonsils with deep holes, having dirty grayish surfaces; pulse 120, and seems stronger; slept some last night; bowels opened; can hardly persuade the child to take nourishment, although she has been prevailed on to take some ice cream, milk and chicken broth. Treatment has been strictly followed; ice being kept on constantly, and as much as the child could be persuaded to take by the mouth; sponged as often as the fever arose, which had the effect of cooling down the fever and producing sleep. The treatment was continued.

7th. Eruption pretty well faded; fever but very little; rested several hours at a time during the night; bowels opened; tongue clean and red; throat looks badly; no improvement in the tonsils; uvula and pharynx, as far as can be seen, one continuous surface of matter; pulse 140, and not as strong as yesterday; the ice has been kept on constantly; no sponging, as the fever has been inconsiderable; throat has been frequently gargled with ice water; some nourishment has been taken, but only with persuasion; not even ice cream being relished. Swabbed the throat personally with the application before alluded to. Ordered the treatment to be continued, with the addition of gargling the throat with a solution of two drachms of chlorate of potassa to half a pint of water.

8th. Eruption gone; fever also; rested pretty well last night; pulse 135, and weak; tongue clean and moist; very little nourishment has been taken; throat still looks badly, very little or no change; by swabbing a large quantity of reddish dirty-looking matter was brought out from the pha-

rynix, fauces and tonsils. Ordered the same treatment continued.

9th. Seems better; wants to eat; slept last night, and every way seems to be getting along satisfactorily, excepting the throat, yet this, I think, appears more like healing. Ice has been constantly kept on for one week, with a few minutes' occasional remission, when the child complained of pain and earache, produced by its long presence. The sponge has not been used for about thirty hours, as there was no fever requiring its use. The ice was ordered to be continued, the gargle of chloride of potassa also, and medicine every 5 hours.

10th. Seems to be doing very well; slept good last night; has desire for food, which consists mostly of cold milk and bread; pulse 120 and stronger; complains of arms and legs feeling stiff and painful; swallows more readily without complaint; throat looks better; healthy tissue begins to appear in different parts, as the uvula, tonsils, fauces and pharynx. Ordered the ice to be discontinued to the throat, and also the medicine; throat to be gargled several times a day with the chlorate of potassa.

12th. Seems to be getting along very well; throat cleaning nicely, only small deposits on uvula, and some spots of ulceration on tonsils; has an almost unsatisfiable appetite; sleeps good; bowels regular; tongue clean; and feels good. No ice used for two days. Discontinued treatment.

Remarks.—This was a pretty severe case, and the temperature and restlessness were markedly benefited by the cold sponging. The affection in the throat, however, in my judgment, was but very little, if any, influenced by the external application of the ice, but ran its usual course. I have seen many cases having as bad a condition of the throat as this one was get well sooner when no ice was used, and others as long and some longer.

Case 15.—Nov. 14, 1872. Sent for to see the child of C. N., eleven years old, three miles in the country. This child was in town the day before, and was taken sick during last night with a chill, fever, pain in throat, headache, general soreness and nausea. At my first visit I examined the throat and found the right tonsil covered with a grayish yellow matter; the rest of the throat free from disease; pulse 120, and not very weak; tongue coated with a thin whitish and yellow fur; no eruption; heat of skin slightly

exalted, with an occasional eruption of perspiration. As the case was in the country three miles, where ice could not be gotten handily, I thought I would treat this case without it. I suggested, however, that if the fever should become high at any time, the child should be sponged with cold water, which was done once or twice during the following night. I ordered half a teaspoonful, every 3 hours, of the following:

R. Sol. potass. chlor.,	f ʒvj.
Ext. belladonnæ,	gtt. iij.
Tr. verat. viride,	gtt. vj. M.

For a gargle, the following:—

R. Tannin,	gr. xv.
Sol. potass. chlor.,	f ʒjss.
Aquæ,	f ʒiv. M.

15th. Less fever; pulse 100; some headache; more inclined to eat, but cannot, on account of soreness of throat, which, on the affected side looks worse; the rest of the throat not affected; no eruption. Changed the medicine and gave half teaspoonful of the following:—

R. Sol. potass. chlor.,	f ʒvj.
Ext. belladonnæ, fld.	gtt. iij.
Spt. ether nit.,	f ʒij. M.

The gargle was also continued.

16th. Seems better; pulse 90; slept better last night; tongue somewhat coated; tonsil still ulcerated, but does not look so badly. Ordered the treatment to be continued a day or two longer, and discontinued visits, requesting to be sent for, if necessary. Happening to be in the neighborhood about a week after, I heard that the child had recovered satisfactorily.

Case 16.—Nov. 18, 1872. This case occurred in the family in which Case 14 did, and sixteen days after the commencing of the illness of the first child. It was a little boy of ten years, who had always been healthy. He was taken suddenly ill Sunday afternoon, November 17th, and I was sent for on the morning of the 18th. The symptoms which the parents first noticed were something like persons have when commencing with the ague—gaping, stretching, creeping up to the stove etc. He began to feel so badly that he went to bed, after which he began to vomit and purge and complain of his throat. He continued this way during the night and they sent for me in the morning. As I had treated the other one with the ice, they put it on during the night before they sent for me. When I arrived I found him in the following condition:—Pulse 150, and

weak; tongue dry and coated, brownish and white; sordes on the teeth; throat looks badly, both tonsils being ulcerated as well as the pharynx; a very offensive odor emanating from the throat; large quantities of matter spit out by patient in the efforts to free the throat; complains very little of head; an eruption faintly seen in the skin, but most visible on the trunk, especially on the back; the temperature of the patient variable, on the body perhaps slightly exalted, but the extremities, the lower ones as far as half way to the knees, and upper ones as far as above the wrists, was considerably below the normal, in fact felt cold; the color purplish, and that over the body dusky red. I ordered his feet to be put into warm water and warm bottles held in the hands. This was done in order to bring on reaction and relieve the congestion of the internal organs. No cold sponging at this visit as the patient was already too cold. The ice was kept on as it had been commenced before I was sent for. I ordered a teaspoonful, every two hours, of the following:—

R. Sol. potass. chlor.,	f ʒiv.
Spt. ether nit.,	f ʒjss.
Ext. belladonna, fld.,	gtt. iij.
Aquæ menth. pip.,	f ʒiss. M.

I was called away to an obstetrical case in the afternoon and did not get home until seven o'clock in the evening, and consequently did not get to see the child until eight P. M. The child being so bad Dr. Thompson was called in to see the case but did not change the treatment, but on the contrary recommended a continuance of it. At this visit I found that reaction or fever had been established since about the middle of the afternoon. Cold sponging was now commenced. The patient being considerably delirious I shaved off the hair and applied ice and cold water in a bladder to the head. I staid with the case an hour, during which he was sponged several times and ice kept in the mouth; by the cold to the head and cold sponging he could be made to answer intelligently. I gave directions that if at any time these did not bring him to his senses cold water should be poured on his head from a height. The other treatment continued.

19th. Eight A. M. The following was the history during the night and the condition during the hour and a half which I staid with him at this visit:—Had one involuntary stool shortly after I left last night; and two

in which he was sensible enough to ask to get up; the character of the discharges were very offensive and dark green; no vomiting; slept some and was also delirious at times; pulse 180, and very feeble; throat must be very bad, as he spits out a great deal of matter, and the disease must have extended down into the larynx, as the voice is husky and in a whisper; respiration 36; eruption out on the back, the back part of the legs, and arms, something of the nature of petechia, disappearing very slowly on pressure; eyes same as yesterday, very much injected; the pupils slightly dilated; the whole system trembles, which has been characteristic since he took sick, acting as if he was cold; heat of skin about the body and those parts of the extremities nearest to body exalted, but the feet and hands about natural; when the attention of the patient is strongly impressed he answers intelligently and puts out the tongue, which does not appear so red as most cases do which have scarlatina; is clean and would be dry if ice was not constantly kept in the mouth. Was sponged several times during this visit, and would complain of its making him feel cold, and the skin would become like goose flesh. Before I left the soles of the feet seemed cold, and I applied hot bottles which were pretty warm, he said they were too warm, to his feet; changed the ice and ice water in the bladder on the head to pounded ice; and ordered a teaspoonful every two hours of the following:—

R. Sol. potass. chlor.,	f. ʒss.	
Spt. ether nit.,	f. ʒj.	
Muc. tragacanth,	f. ʒj.	M.

Some nourishment in the form of milk was taken, and all the directions have been faithfully carried out. They were ordered to be continued. At eleven A. M. visited the child in company with Dr. Simington, at which time we found the patient in about the same condition as when I left in the morning. The treatment was not altered.

Being called away into the country to attend a case of labor shortly after noon, I asked Dr. Mausteller to visit the case and report the condition. Through him, when I came home, I learned the child died about noon, forty-eight hours from the onset of the disease, about thirty-six hours from the commencement of the application of the ice to the throat, and about thirty hours from the time when I first saw the case.

General Summary.—These cases are not se-

lected, but are taken in the order in which they occurred. They are not all the cases which occurred in my practice during the time over which they extend (a little over a year), but the cases which are omitted were of too little moment to be taken into this report, most of them receiving little or no treatment. It is to be remarked that this report does not embrace a period when scarlatina can be said to have been epidemic, for most of these cases were far apart, and apparently had no connection. All of these cases were not true cases of scarlatina, but had all the phenomena that accompany that disease, except the eruption, and, therefore, I treated them all, except two, on the plan recommended in the treatment by ice and cold water. They are all correctly reported, as I took notes of them all, except one, at the time of my visits. The results, however, are not more encouraging, or the mortality less, than the others which I have reported in the MEDICAL AND SURGICAL REPORTER, in which other treatment was employed. For, out of two hundred and forty I lost thirty, and out of these seventeen (for this report embraces that), or rather out of fifteen (for two were treated without ice), three died under the treatment at the time, one died while the ice was on the throat, while it had the croup, and another died from dropsy, etc., which, according to Dr. Corson, was not the effects of the disease. If we compare these two sets of cases, we find that the mortality, when treated without ice, in my hands, is not quite 18 per cent., while those treated by ice and cold water is not quite 35 per cent. Perhaps there were too few in number on whom the remedy was used, and, therefore, should be no criterion of the merits of the remedy: to which I would reply, that the law ought to hold good in the case of a few as well as many, and if it can save thousands, it ought to save units as well. This much, however, I can say, from my experience with them, that ice and cold water, in some cases "are," in the language of Dr. Magill (a man whom Dr. Corson cites as authority), "important remedies in the disease, but as for their being infallible, it is perfect nonsense;" or, in the language of Dr. Simington, "you cannot pick huckleberries with a threshing machine." They have both tried these remedies, and, as above stated, have found them serviceable, but not to be relied on alone, or even able to ward off death in very severe cases.

EDITORIAL DEPARTMENT.

PERISCOPE.

Lithium Salts in the Treatment of Renal Diseases.

Dr. GARROD remarks, in the *Medical Times and Gazette*, that now thirteen years have elapsed since the salts of lithium were introduced into medical practice as internal remedies; and for a period of nine years both the carbonate and citrate of the metal have been made officinal by being placed in the British Pharmacopœia; sufficient time has therefore elapsed for their value as medicinal agents to have been fairly established. Having introduced the lithium salts to the notice of the profession, and having had considerable experience of their action upon the system, and therapeutic value, he considers himself in a position to give some opinion upon their merits.

It may, perhaps, be of advantage, especially to those readers whose attention has not been directed to the subject, to point out some of the peculiarities of the salts of lithium, in order that their action and value may be more readily understood.

In the first place it may be stated that the oxide of lithium, as likewise the neutral carbonate, are strongly alkaline, resembling in this respect the salts of sodium and potassium, and hence the oxide of this metal is generally regarded as the third fixed alkali. Lithium is a metal far less commonly diffused than either sodium or potassium, and it received its name from its being supposed to exist only in a few minerals, and not either in the animal or vegetable kingdoms.

The distribution of the metal is, however, much more extensive than was at first supposed, and it is now capable of being detected, by the method of spectrum analysis, in the ashes of many vegetables, and in that of the blood itself, and likewise in many mineral waters. Minerals called triphylline, lepidolite, spodumene, and lithia mica contain it in quantities sufficient to render the extraction of the metal profitable. The salts of lithium commonly employed are carbonate and citrate; occasionally he makes use of a guaiacate of lithium for special purposes. The properties of lithium salts, to which attention may be now advantageously directed, are:—

1. *Their Alkaline Properties.*—The carbonate of lithium, although very sparingly soluble in water, forms a solution with a strong alkaline reaction. The corresponding salts of sodium and potassium are much more soluble.

The amount of alkalinity of the three salts, or their neutralizing power for acids, differs greatly. The carbonate of lithium has the greatest amount of neutralizing

power; next comes the carbonate of sodium; and lastly the carbonate of potassium. This difference depends on the equivalent of the respective metals, that of lithium being 7, of sodium 23, and of potassium 39; the lower the equivalent, the greater the neutralizing power of the carbonate.

When in practice we administer these salts as direct antacid remedies, that is, for the purpose of arresting acidity in the stomach and intestines, we may consider their power to be in the inverse order of the equivalents of the salts. When the citrate of lithium is given, although it is difficult to state where decomposition takes place, we know that we find it in the urine as carbonate; and hence, although the salt possesses no direct antacid power, still it is equally antacid, as far as the urine is concerned, to the carbonate, when the amount of lithium in each salt is taken into consideration. Looked upon simply as either direct or remote antacid remedies, the salts of lithium possess no known properties which render them in any degree more eligible than the salts of potassium and sodium; and there are other considerations which render them less desirable, especially their high price.

2. *Action of Lithium Salts as Diuretics.*—If we examine the powers of the salts of lithium, sodium, and potassium, as regards their action upon the kidneys, we find, as far as their diuretic power is concerned, lithium stands by far the highest; sodium the lowest; potassium being intermediate. The power of lithium salts in increasing the urinary secretions, in many cases, is extremely marked; and some patients, to whom these preparations are given for other purposes than as diuretics, find it often inconvenient to take them in the latter part of the day, on account of the diuretic effects during the night.

3. *Peculiarities of Urate of Lithium.*—A very important characteristic of lithium as a medicinal agent is the solubility of the salt which it forms with uric or lithic acid, the urate or lithate of lithium being by far the most soluble salt of the acid which is known; in fact, it is the only salt of uric acid which can be looked upon as soluble to any great degree. As the inconveniences which uric acid or its salts cause in the system depend upon their very sparing solubility, leading to the formation of calculi, gravel, or gouty deposits, it can be readily understood that an agent possessing the powers of lithium would be likely to prove of considerable advantage in many diseases in which uric acid plays an important part. Although the exact solubility of the different salts of uric acid has not as yet been very carefully determined, yet there is no difficulty in showing the great solvent power of

carbonate of lithium compared with the corresponding salts of sodium and potassium.

To sum up, we may remark that lithium salts as simply antacid remedies offer no special advantages; that as diuretics they may, in cases in which saline diuretics are indicated, prove of much service; but that as agents to prevent the deposition of uric acid or its salts in the cavities or tissues of the body, they possess properties which may render them important medicinal agents.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—The tenth number of the *Half Hour Recreations in Popular Science* is Prof. A. WINCHELL's "Geology of the Stars." It is based on the recent spectroscopic discoveries, and will be found entertaining and rich in matter. Price 25 cents. Claxton, Remsen & Haffelfinger, Philadelphia.

—Several contributions to ophthalmic science, by Dr. GEO. STRAWBRIDGE, of this city, have been collected in a pamphlet of 28 pages, and published by Lindsay & Blakiston, of this city. They include one on a case of dermoid tumor of the cornea; an additional method for the determination of astigmatism; and a cyst of the iris removed by operation.

BOOK NOTICES.

Text Book of Physiology, General, Special and Practical. By JOHN HUGHES BENNETT, M. D., F. R. S. E., etc. With twenty-one Photo-lithographic plates. Philadelphia: J. B. Lippincott & Co., 1873, 1 vol. cloth, pp. 606. Price \$3.50.

For a compact, highly scientific, and complete text-book of physiology, we have met no superior to this work of Prof. BENNETT'S. His experience of nigh thirty-five years as a teacher and practical worker in the department renders him a master of instruction. He divides the subject into three parts, General Physiology, Special Physiology, and Practical Physiology. The first of these embraces the chemistry of the tissues, general histology, and the physical and vital properties of the tissues. The second is occupied with nutrition, enervation, and reproduction. The third includes practical chemical physiology, practical histological

physiology, and practical experimental physiology. Chemistry, physics, and statistics occupy a far greater space than in the old-fashioned works on the subject. The instructions in regard to the use of the microscope are minute and clear. The extensive references to foreign authorities show that the author has carefully kept up with the results of workers in all cognate fields.

Theoretically, the author is distinctly on the positive and phenomenal side of physiology. He indulges little in hypothetical reasoning, and where the topic has hitherto escaped the investigations of science, he discreetly says nothing. The physico-mathematical portions of his subject are fully treated, yet without an undue display of notation.

Family Thermometry; a Manual of Thermometry, for Mothers, Nurses, Hospitalers, etc., and all who have charge of the sick and the young. By EDWARD SEGUIN, M. D. New York: G. P. Putnam & Sons, 1873. 1 vol., 8vo, cloth, pp. 72.

Every work honestly written with the intention of acquainting the public with the facts of medical science, and thus rendering them more capable of performing the duties of judicious nursing and kindly attendance on the sick and the feeble, deserves warm commendation, no matter if the attempt is an imperfect one. This latter feature does not belong to the little volume before us. It is practical, full, vigorous and direct in style, accurate in statement (if at times a little too rhetorical for our taste), and by a master in the art of medical thermometry. We want to see such men write popular essays on medical matters for the people. Thus will we ransom medical science from the hands of quacks and impostors.

Dr. Seguin thinks every mother and nurse should have, and frequently use the thermometer; he believes that many an insidious illness, many a serious relapse, can thus be forestalled. That to our mind he does not over-estimate the exactness of thermometrical indications, we cannot affirm; that his essay has no smack of hobbyism about it (the dangerous rock on which so many who write for the people split), we should hesitate to maintain; but that it is worth the attentive perusal of intelligent nurses and mothers, and physicians too, we unqualifiedly assert, and we hope it will command a wide and careful study.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, MAY 10, 1873.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Societies and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief as possible to do justice to the subject, and carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

THE LIMITATION OF VENEREAL.

Of the various efforts in social reform which are exciting the liveliest interest in the medical profession in Europe, that which aims at the utmost limitation of prostitution, and the utmost checking of venereal disease, is one of the most important.

In this country we say little about it. A sense of prudery, perhaps, or, perhaps, the want of political significance in these crimes, leads us to give it but slight notice. Among medical men, opinions differ widely as to the propriety of restrictive measures, and again as to their possibility. Absolute prohibitive laws against houses of prostitution are on the statute books of most States, and are everywhere dead letters, as all such laws against secret vices must ever be. Attempts have been made locally in various cities, to restrain the public exercise of the prostitute's calling, and to oblige such women to submit to medical examinations.

The difference of medical opinion is well illustrated by the two medical journals published in San Francisco.

The *Western Lancet* advocates legal restriction. It says, in a recent editorial:—

"We suggested as a means of prevention

of the diseases under discussion:—*first*—registration, in order to gain access to the afflicted; *second*—medical examination, in order to recognize at the earliest stage any developing seeds of the most loathsome disease with which we have to deal; *third*—quarantine or isolation, to prevent the spread of an infection eminently contagious, as is universally practiced with other plagues, and to enable our profession to study more minutely, and under the most favorable clinical auspices, a disease which for years has baffled it, and by means of which study greater benefits would accrue to the multitudes yet to suffer, innocent or guilty; *fourth*—the exactment of a license and examining fee from those to be benefited by the enforcement of the law, in order that the expenses of whatever kind resulting from the luxury might be defrayed by the participants of it, instead of being a heavy burden on the community at large, as at present; and, *fifthly*—we considered that the operations of the law would tend to diminish—not entirely suppress—prostitution, and thus indirectly aid us in our sanitary work.

The *Pacific Medical and Surgical Journal*, also an ably conducted periodical, says on the topic:—

In this relation we may refer to the example of St. Louis, in which city the European system has been in operation for several years. Until recently we have heard nothing of the results but what was favorable. Very recently we learn that the respectable ladies of that city are making a strenuous effort for the abrogation of the law. It seems that, for some reason, they are not favorably impressed with its operation. The truth is, that the moral sense of society in the United States is unalterably hostile to the licensing of prostitution. It is only where considerations of policy are suffered to outweigh principle, and where the prospect of attaining a desirable purpose overrides the judgment as to the means of attaining it, that sensible men can be induced to advocate such legislation.

The St. Louis experiment has, in point of fact, as we took occasion to show some months ago in the *REPORTER*, been a complete success, so far as reducing the number of prostitutes and the amount of venereal diseases are concerned. That a certain number of respectable and short-sighted women oppose it, might be expected. So they did last year, in England, the Contagious Diseases Act. Fortunately, their ill-advised and ignorant hostility to that excellent act met with no success.

The *laissez fairez*, 'do-nothing' policy cannot recommend itself to anybody's con-

science who has an article worth the name. The plan of informing the public of the dangers of syphilis, etc., amounts to nought. Every hospital surgeon cannot fail to have observed how readily a young man of the student class is overcome by passion. It is notorious that students, who, the very day they have witnessed the most excruciating agonies inflicted by syphilis, and observed the wasting strength of its victims, will, nevertheless, yield to temptation within a few hours of such lessons, and run the risk of enduring similar, if not worse penalties.

Of recent advice on the subject, we recommend as most weighty and worthy of consideration the following from the *Bureau des Mœurs*, of Bordeaux, published in a late number of the *Bordeaux Medical*. It is the result of years of conscientious and accurate observation:—

1. Prostitution is the chief cause of the propagation of venereal disease.
2. Legalized (*tolerée*) prostitution is much less dangerous than clandestine, both in a sanitary and moral aspect.
3. Among the registered prostitutes, those who live in one house, under the charge of a *matrone*, are less dangerous than the isolated ones (*filles en carte*).
4. The private (non-registered) prostitutes are attacked much oftener, and much more severely than the registered.
5. Hence registration is a sanitary measure of the highest importance, and ought to be as widely extended as possible, as it constitutes the best of all preservatives against venereal infection.

The following measures are recommended as most likely to be successful:—

1. Registration of every woman convicted of habitual immorality, and absolutely impotent, of whatever age, who has no one responsible for her.
2. Abolition of all severe regulations relative to registered prostitutes, because their effect is to make registration objectionable.
3. Special legislation for prostitutes is unnecessary, as their conduct as affecting others is alone affected by these regulations.
4. Careful observance of the only effectual obligation, viz., their inspection, and their treatment until complete recovery.

It is also urged "in the interests of morality and health," that charitable associations should not refuse their assistance to persons affected with venereal disease. Attention is drawn to the necessity for suitable hospital accommodation, both special and in the ordinary hospitals, which, it is urged, should receive those affected with venereal, as well as other diseases.

NOTES AND COMMENTS.

Therapeutical Additions.

L'Union Médicale favorably reviews the addition to Medical science during the past year, and cites in illustration of some of the most important:—

The action of belladonna against sweatings.

The use of acetate of lead in pneumonia. Electricity in the cure of Addison's disease.

Sulphate of copper in ichthyosis.

These remedies have not as yet been so largely tested in this country, and are worth consideration.

Dr. BLEYNIE, *Revue Médicale de Toulouse*, recommends the use of phenic acid in puerperal fever epidemics, by having the lying-in chamber saturated with the odor and vapor, by means of cloths saturated with the solution and of open vessels, which would constantly diffuse it through the air. Doctors and midwives should also perfume themselves with it. Much better (says the doctor) carry a disagreeable odor than the germs of a fatal malady.

A Pocket Spectroscope.

As this analytical instrument has medical application it may interest our readers to know that a new pocket spectroscope, for which many advantages are claimed, is stated by the *Popular Science Review* to have been invented by M. Hoffman. It seems to be a very convenient form of spectroscope that can be carried in the waistcoat pocket, and is yet capable of producing really wonderful effects, considering its diminutive size, producing a large and brilliant spectrum, the violet rays of which extend far beyond line G. It has a lens of rock crystal, with perfectly flat parallel faces at each end to keep out all particles of dust, etc. The organ of dispersion and analysis is a compound prismoid, formed of three alternating

prisms, one of the most powerful dispersive flint glass that can be obtained, between two reversed prisms of crown, the angles being specially and skillfully arranged. The combination is completed by an ordinary compound double lens, of suitable focal length.

CORRESPONDENCE.

Dr. W. C. Norwood's Tinct. Verat. Viride.

EDS. MED. AND SURG. REPORTER:—

As a therapeutic agent, this preparation is, without doubt, first in controlling the action of heart and arteries. It is efficient and reliable, and if persevered in, it is only a question of time in bringing down the pulse to any standard of frequency desirable or required, and, if pushed, down, down, down, to nothing, or till the heart ceases to pulsate. But is disease cured, mitigated, removed, or cut short in the self-limited course of inflammatory action, by the depression produced by this powerful medicine? Or is vitality weakened, and the self-eliminating, self-sustaining powers of nature obstructed by the poisonous effects? I am inclined to the opinion, from considerable experience, that its specific effect in reducing the pulse, instead of alleviating a severe case, renders it still more impracticable and dangerous. But, in combination with other remedies, I consider it a valuable therapeutic agent. In general practice, is it safe to be trusted in its exhibition in the hands of ordinary nurses, or beyond the personal observation of the physician himself?

It is not the safe, harmless medicine that Dr. W. C. Norwood, in his exposition of its properties and uses accompanying each bottle represents it, but an agent of fatal action in an overdose, or if carried too far in its administration. I ceased using it about ten years since, in consequence of the frequency of alarming symptoms produced by it, and in some cases, its fatal effects.

Last summer I resumed its use in making up formulæ for the treatment of rheumatic, febrile, and inflammatory cases, as I thought with happy effect. Recently I was called to a case of pleuro-pneumonia, in which the prompt action of verat. viride was prominently indicated. The patient was a colored man, æt. 55; by occupation, fisherman; of a very strong, robust conformation, and generally healthy. I was called the seventh day; found him with a hot dry skin, very restless, severe pain in thorax, slight cough and rust-colored expectoration, all the pathognomonic symptoms of pleurisy on both sides, and pneumonia of lower lobe of left lung. Respiration frequent; pulse round, full, hard, bounding, and one hundred and twenty a minute. Prescribed five grs. potass. nit., with five grs. hydrarg. chlorid mite every four hours, twenty-four drops tinct. verat. viride in twelve teaspoonfuls water, one teaspoonful to be given every two

hours, with mush poultices to front of thorax. In twenty-four hours called again; found patient with pulse, skin, respiration and expectoration about as the day previous. Continued treatment, with the addition of one drop tinct. verat. viride to every teaspoonful of water, leaving twelve teaspoonfuls, as on the day before, with directions to give every two hours one spoonful, and if he vomited, or was sick at his stomach, give a toddy and send for me. In three hours I was sent for in haste. I was there in ten minutes; found my patient pulseless, insensible, and in a cold sweat, with frequent spasmodic jerking of his arms. I immediately gave him about two ounces of brandy, which he swallowed, and that was the last that could be got down him. The brandy produced a few fugitive pulsations, but no general rallying, and in about six hours the patient died in convulsions. I called for the cup containing the medicine, and his wife had given all but a teaspoonful at one dose. She remarked, "I know how to give medicine without measuring in a teaspoon." Thirty-three drops at one dose!!

Dr. Norwood's tinct. verat. viride is a very unsafe medicine in this country, especially in the hands of nurses without regard to race, color or previous condition.

MADISON MARSH, M. D.

Port Hudson, April 22d, 1873.

NEWS AND MISCELLANY.

Varnish for Labels.

At a recent meeting of the Newcastle-upon-Tyne Chemical Society, Professor Marreco said that Professor Markoe (of Boston, U. S.) told him, some months ago, that the practice in Boston was never to varnish a label for acid bottles, but to use paraffin instead. They had applied it to a large number of bottles in the college laboratory, and it answered perfectly. The only thing necessary was to brush the paraffin on as hot as possible, so as to get a thin even coating; it looked as well as varnish, and stood a great deal better. It saved a good deal of trouble in sizing and varnishing, and five minutes after the bottle had been brushed it was ready for use. Dr. Lunge said that he had read some months ago, in a German journal, that the use of paraffin could be extended a great deal further; that instead of sealing the tops of bottles—sample bottles of bleaching powder, and for other purposes—it was very convenient to have a small porcelain dish with paraffin always ready, which could be placed upon a lamp, and, as soon as it was warm, to dip the top of the bottle in it, and that gave as good a sealing as sealing-wax, or better, and caused very much less trouble. It had also been proposed to use stoppers made of solid paraffin for soda samples; but he did not like this, because they broke so easily. What he had found to answer perfectly well

was to rub some heated paraffin upon the stoppers in place of tallow. He found it a great deal cleaner, and answering in every way for this purpose.

Large Cities of the World.

The *Memorial Diplomatique* gives the following interesting account of the density of population in the great centres of humanity throughout the globe. There are nine cities having a population exceeding 1,000,000 souls, viz., London, 3,251,000; Soochow, 2,000,000; Paris, 1,825,000; Peking, 1,648,000; Yeddo, 1,554,000; Canton, 1,336,000; Constantinople, 1,075,000; Sian-tan, in the province of Hunan, 1,000,000, and Tehantchaonfoo, in the province of Fokien, 1,000,000. It will be seen that, although London holds the first place, the Chinese Empire can still boast of possessing more populous cities than all the civilized States of the West. The number of cities possessing a population from above half a million up to a million is twenty, viz., New York, Vienna, Berlin, Hang-kaow, Philadelphia, St. Petersburg, Bombay, Calcutta, Fowchow, Tchehing, Bangkok, and Kioto. Twenty cities have a population of from 300,000 to 400,000 inhabitants, thirty-three of from 200,000 to 300,000, and ninety of from 100,000 to 200,000 inhabitants. Europe alone possesses one hundred and seventy-one cities containing more than 50,000 inhabitants, at the head of which stand London, Paris, Constantinople, Vienna, Berlin, and St. Petersburg.

A New Cure for Ague.

A writer in an English exchange says:—"There is a singular tale told of the influence of mental impressions in the cure of this disease. A man who had ague for a long time, and had become so reduced by it that his life was despaired of, was advised to make his will. One of his bequests was, 'I give and bequeath unto Mr. —, the parson of this parish, these plaguey fits of the ague.' This legacy so tickled his fancy that he burst out into a loud and long-continued fit of laughter. From that time the ague left him. The clergyman, on being told of the bequest, was highly offended, but the next day he was seized with ague, and it was a long time before he could get rid of it. In my boyhood there were persons, both men and women, who pretended that they possessed the power of curing ague by charms; but I do not recollect any case in which they exercised their art. Ague at that time was very rare in that part of the country where I resided, so that opportunities for exercising their skill were not often afforded them."

—Dr. Nathan P. Monroe, for thirty years a prominent physician in Belfast, Me., died on Sunday in Baltimore. He was surgeon of the Twentieth Marine Regiment during the rebellion, and was recently President of the State Medical Society.

—According to the *Lancet* the Registrar General states, in his annual summary of the weekly returns, that London now has upwards of four million souls, and had in the middle of 1872, within the limits of the health returns, 3,311,298 inhabitants. The estimated increase of population was 44,830. The average mortality for the year was 21 per 1000.

OBITUARY.

DR. J. C. NOTT.

At a stated reunion of the Medical Library and Journal Association of New York, held April 18th, 1873, Dr. John C. Peters, President, in the chair, the following preamble and resolutions were presented and adopted:—

Whereas, This Association, having learned of the death of JOSIAH C. NOTT, M. D., a successful and honored physician, both in the Northern and Southern sections of our country; therefore,

Resolved, That in the death of Dr. NOTT we recognize the loss of one of our most devoted members; a gentleman eminent for his high integrity and his unblemished character; distinguished alike as an ethnologist, gynaecologist and surgeon, and by his untiring zeal for the advancement of medical science.

Resolved, That as an expression of our sympathy with his afflicted family, a copy of these resolutions be transmitted to them and published in the medical journals; also entered on the minutes of this Association.

WILLIAM N. BLAKEMAN, M. D.,
BENJAMIN I. RAPHAEL, M. D., } *Committee.*
BRADFORD S. THOMPSON, M. D.

MARRIAGES.

BANES—DAVIS.—On the 2nd inst., by Very Rev. Dr. Carter, V. G., A. V. Banes, M. D., of St. Joseph, Mo., and Beattie D. Davis, of this city.

BENEDICT—NEWELL.—April 23d, at the residence of the bride's parents, Yonkers, N. Y., by Rev. T. Ralston Smith, Dr. Albert C. Benedict and Irene Virginia, daughter of D. C. Newell, Esq., all of Yonkers.

CULBERTSON—FOGUE.—April 22d, 1873, at the residence of Mr. Henry Fogue, at Walnut Hills, Cincinnati, by the Rev. O. A. Hills, Dr. J. C. Culbertson and Miss Sallie Fogue.

RISLEY—INGRAHAM.—By Rev. Dr. Joseph Kimball, April 30th, Charles F. Risley and Amelia H. Ingraham, daughter of Dr. Timothy M. Ingraham, both of Brooklyn.

ROBIE—NAUDAIN.—April 28th, at the Madison avenue Presbyterian Church, New York, John W. Robie, M. D., and Ellen S., daughter of the late Dr. Andrew Naudain, of West Farms.

TOWNSEND—TRUMAN.—In this city, April 24th, by Friend's ceremony, John P. Townsend, of New York, and Catharine H., daughter of Dr. George Truman, of this city.

DEATHS.

LINCOLN.—In New York, April 23, Carrie Anna, only child of Dr. Rufus P. and Caroline T. Lincoln, aged 5 months and 3 weeks.

PETERS.—At Little Rock, Ark., April 24th, after a short illness, of pneumonia, Mrs. Emily G. Peters, wife of Surgeon De Witt C. Peters, United States Army, and daughter of Wm. Stoutenborough, of Brooklyn, Long Island.